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TOTAL NUMBER OF PAGE(S) 8 INCLUDING THIS PAGE)

Please find attached a transmittal form, Notice of Appeal and a Request for Extension of Time for:

ATTORNEY DOCKET NO.:

CML00054A

APPLICATION NO.:

10/068,643

FILING DATE:

02/05/2002

1st INVENTOR:

Khalid Abdul-Aziz Hamied

TITLE: ADAPTIVE VECTOR MODULATION METHOD AND SYSTEM

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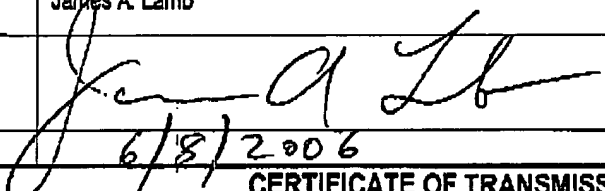
**1303 E. Algonquin Road
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Schaumburg, IL 60196

TRANSMITTAL FORM	Application Number	10/068,643
	Filing Date	02/05/2002
	First Named Inventor	Khalid Abdul-Aziz Hamied
	Art Unit	2631
	Examiner Name	KUMAR, Pankaj
(to be used for all correspondence after initial filing)		
Total Number of Pages in this Submission	8	Attorney Docket Number CML00054A

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ENCLOSURES		(check all that apply)
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Transmittal Form
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	James A. Lamb	Registration No.	38,529
Signature			
Date	6/8/2006		

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	ROBERT J. P. [unclear]		
Signature		Date	6/8/2006